



MASSACHUSETTS
GENERAL HOSPITAL

Equity in the time of COVID

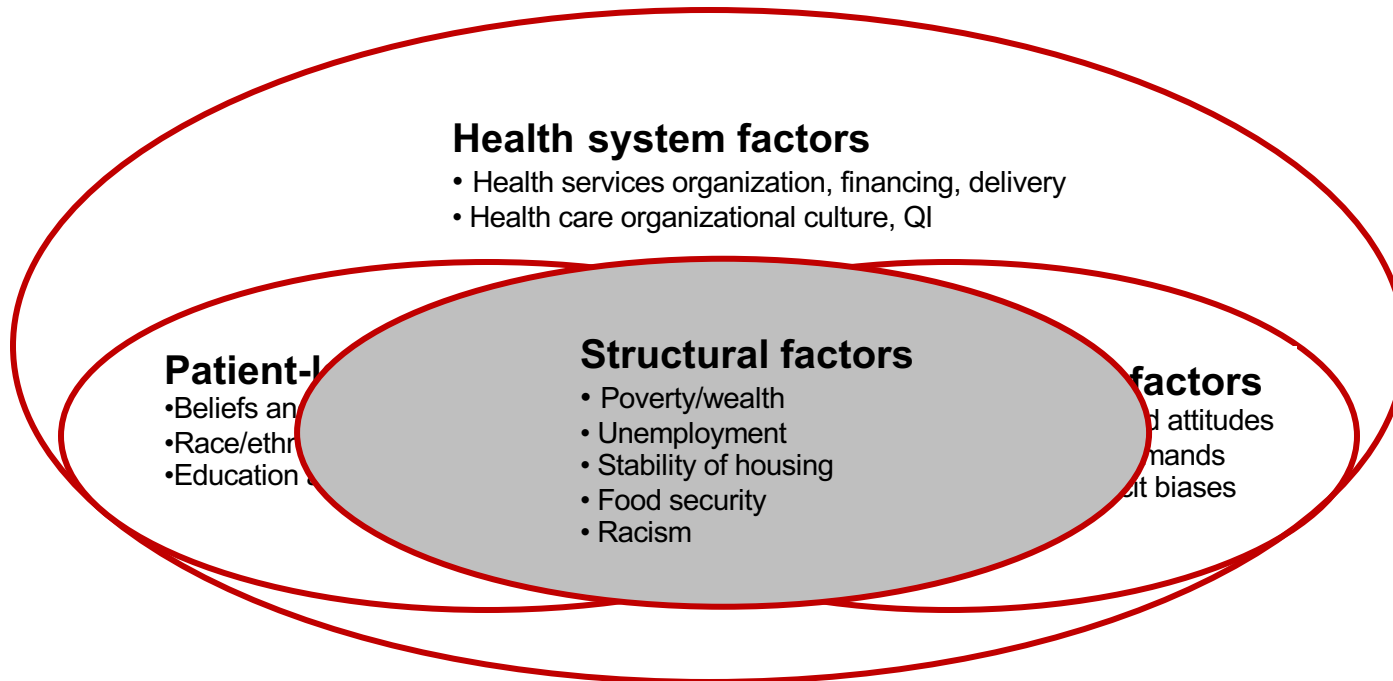
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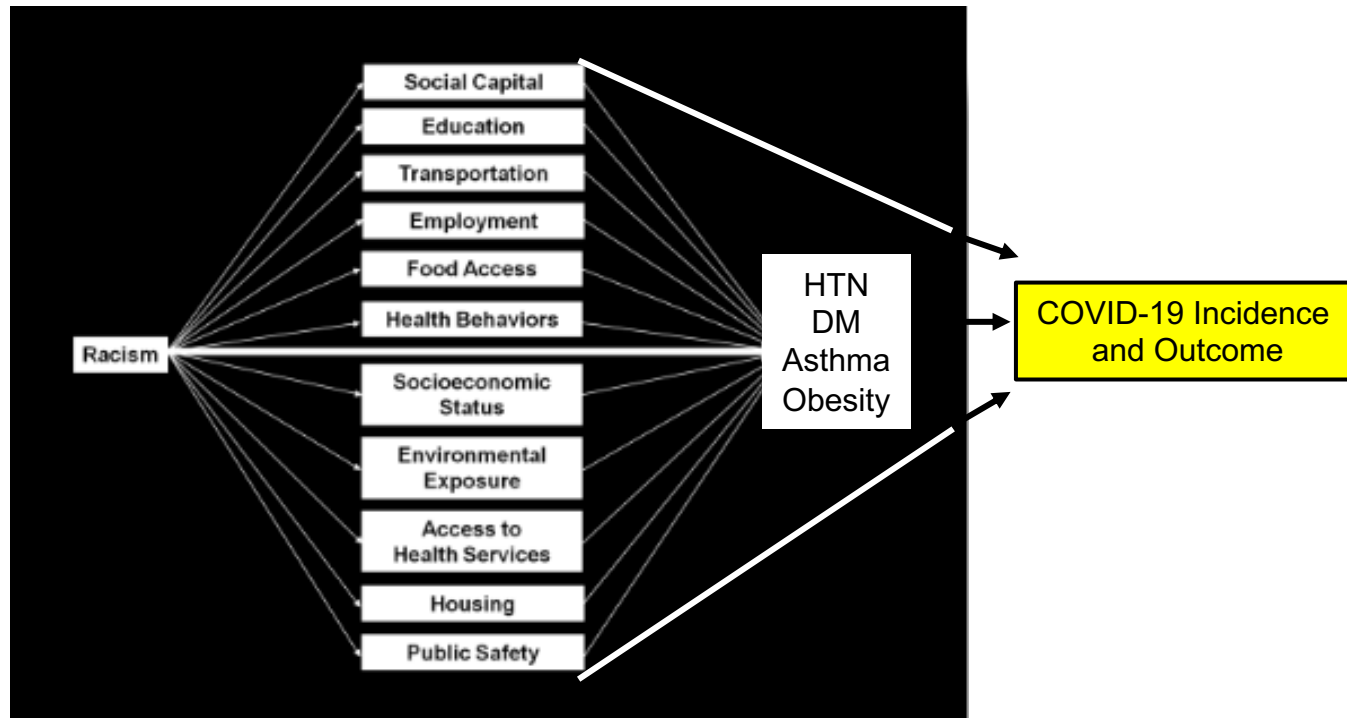
Department of Ob/Gyn

Massachusetts General Hospital

Contributors to health and health care inequities



Reminder: Why Racism Matters



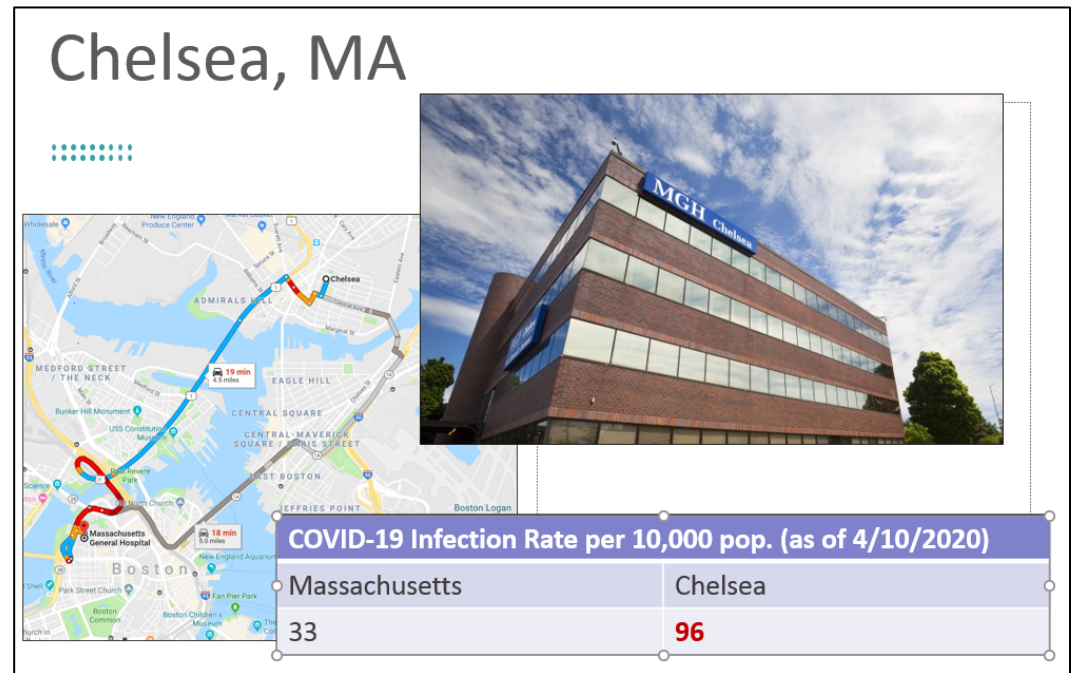
Equity in the time of COVID: what is the problem?

- Inequity in burden and consequences of disease
 - Living (e.g. marginal housing) and working circumstances of many of our patients make social distancing and in-home isolation challenging
 - Many public health messages may not be delivered in multiple languages
 - Access to testing likely not uniform by population
 - The prevention mechanism – namely home confinement – increases the risk for gender-based violence and other mistreatment, with particular concern for those with fewer resources
 - Racist and xenophobic attitudes a threat to patients and workforce
 - Co-morbid conditions (diabetes, asthma, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S., due to long-standing inequities in access and quality of care, structural racism
 - In OB, these concerns overlay the backdrop of the maternal morality / severe maternal morbidity crisis in the U.S., particularly among Black women



Where are the threats to equity in the COVID pandemic, and what is to be done at the institutional level?

- Clinical care
- Community health and engagement
- Reproductive justice
- Bias and mistreatment
- Data and reporting
- Research
- Philanthropy



Completed		Ongoing & Next Steps
Focus	Scope	
PRACTICE MANAGEMENT		
Workforce Recruitment	<ul style="list-style-type: none"> Providers with facility in languages other than English, willing to help to conduct telemedicine visits, particularly for OB, understanding that virtual visits through an interpreter may lack the richness even of in-person visit with interpreter Given emergence of Chelsea as hotspot, need to conduct visits of potentially greater length or complexity, see OB patients in the RIC, need to consider if need to redeploy providers and increase sessions at CHC 	<ul style="list-style-type: none"> Pushed out Center for Diversity and Inclusion survey for faculty to complete re: facility in other languages Received department-specific data from survey as well as credentialing information How to use language data – time to solicit clinical partners to conduct telehealth visits for patients of LEP? Won't be very easy to foster these partnerships; for those with ready ties to native/fluent speakers, can...
Availability of tools to enable safe virtual care	<ul style="list-style-type: none"> OB telehealth visits will rely on having a blood pressure cuff available at home Virtual visits to begin to enroll as of 4/6 	<ul style="list-style-type: none"> Secured Philips blood pressure cuff Reviewed blood pressure cuff reaching via including a (Google) point of view Virtual visits for telehealth
REPRODUCTIVE JUSTICE		
Reproductive Justice	<ul style="list-style-type: none"> During times of crisis, threats to reproductive justice may arise 	<ul style="list-style-type: none"> Increase provider consciousness of this possibility Review plans for reproductive life planning during third trimester visits so that...

BIAS AND MISTREATMENT

Provider bias

During times of crisis, clinician and system biases may be exaggerated, leading to further inappropriate differentials in care

Re-emphasized this to faculty during provider meetings and Town Halls

Ongoing requests for team members to consider contributing to reporting of witnessed biases, microaggressions, racism

Community mistreatment

Uptick in xenophobia and racism toward Asian-Americans, both in community and among providers

See if link to Dept of Radiology presentation from 4/9 is available for pushing to department

DATA AND REPORTING

Reporting

Inequities in COVID, as well as other OB-related safety signals, like to be noted and exaggerated during this crisis

Will continue to track OB safety metrics by race/ethnicity, language and insurance status, as we have always done

Will begin to track COVID+ tests, admissions among OB patients by race/ethnicity, language insurance

Understand if can we track Gyn virtual visits (kept, cancelled) by equity metrics?

Understand if we document ability of patients to accept telehealth visits when scheduling calls are made, and then analyze by equity metrics?

RESEARCH

To extent we are seeing considerable inequities in prevalence and severity of COVID disease, want to make sure experience of all our patients is captured equitably in planned research enrollment and endeavors

Advocacy to research leaders to make sure language capacity of recruiters is considered

PHILANTHROPY

Department faculty and others likely willing to give for specific (or general) aid in this time of crisis

Consider internal drive for cash donations, "donations" of minutes/ Mb for telehealth, directed toward patients and/or staff in need; ideally would be administered through central programs and not reliant on department individuals to organize; a source for Development Office?

Many OB patients may have new needs and different ~~SDOH~~ over the course of the pregnancy given the COVID crisis

To continue already-established practice of screening for ~~SDOH~~ at the start of pregnancy

Increased ~~SDOH~~

Need to continue to for screening at practice be de-prioritized in so Add to RN NOB intake: Will you able to participate visits later in the pregnancy have a phone or computer, adequate internet/data, a safe to talk?

Consider if packet of supplies (diapers, clothing, etc) can be assembled for distribution with a week in-person visit

From SW team: "I wanted to chime in with info about another resource that we can offer to support patients around social determinants of health. The Social Services department has a wonderful nurse Specialist, who can connect patients with info about any kind of resource under (employment, housing, food, assistance, baby supplies, or another provider has who you think could them to one of the OB consult. After we discuss the patient's (doesn't one, depending on particular needs), we to the Specialist. All the patient's resources & patient is OH needs, vs be to do a ent with

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